# **Town of Hampton New Home Building Permit Instructions**

THE FOLLOWING INFORMATION AND DOCUMENTATION MUST BE PROVIDED WITH APPLICATION.

	_	√	N/A
1.	Permit Application must be filled out in entirety.		
2.	Complete structural detailed plans with elevations and floor plans. Any TGIs/LVLs/trusses etc. require spec sheets to be attached.		
3.	Minimum 8 $\frac{1}{2}$ x 11 plot plan showing existing and proposed structures and setbacks from all property lines, as well as any and all wetlands and wetland buffer delineations.		
4.	State of New Hampshire stamped and approved Energy Certificate.		
<b>5.</b>	Driveway Permit issued by Department of Public Works.		
6.	Sewer Permit issued by DPW or approved septic design by State of New Hampshire.		
7.	Fire Department approval and permits (is sprinkler system required)?		
8.	Existing lot of record (copy of Deed with recording date).		
9.	If property is now, or was ever, leased land, attach a copy of the original Deed from the Town.		
10.	Planning Board or Zoning Board of Adjustment approvals and conditions attached.		
11.	State or Local Wetland and Special Permits required with approvals and conditions attached.		
12.	Pre-Flood Elevation Certificate attached, where applicable.		
13.	Elevation showing proposed structure complying with the maximum height requirements allowed in the applicable zone from finished grade.		
	PROCESSING FEE \$50.00 PLUS \$5 PER THOUSAND, OR ANY PORTION THEREOF, OF VALUE OF CONSTRUCTION TO BE SUBMITTED WITH APPLICATION.		
	PERMITS EXPIRE ONE YEAR FROM ISSUE DATE. PERMIT SHALL I		

PERMITS EXPIRE ONE YEAR FROM ISSUE DATE. PERMIT SHALL BECOME INVALID IF WORK HAS NOT COMMENCED WITHIN SIX MONTHS AFTER ISSUANCE OF PERMIT (IBC 105.5) AND NO REFUNDS WILL BE GIVEN. IF WORK IS NOT COMPLETED WITHIN ONE YEAR FROM ISSUE DATE, THIS PERMIT <u>MUST</u> BE RENEWED.

# Town of Hampton New Home Building Permit Application

ATTACH ALL SPECIFICATIONS AND DATA LISTED ON COVER SHEET

BUILDING ADDRESS	Map/Lot Number	Zone
BUILDING OWNER	Phone	
Street City	State Zip	
CONTRACTOR	Phone	
StreetCity	State Zip	
DESCRIPTION AND T	TYPE OF CONSTRUCTION:	
<ul> <li>New Home (Single-family dwelling)</li> <li>□ Multi-family (Three or more dwelling units in or</li> <li>□ Raze and Replace (Demolition of an existing structure)</li> </ul>	ne or more buildings)	struction.)
LEASED LAND: Is this property now or was this proper original Deed from the Town.	ty ever leased land?   Yes   No If yes, attach	a copy of the
WETLANDS: Does the proposed project fall within the T buffer? $\square$ Yes $\square$ No	Γown's 50-foot wetland buffer or the 100-foot Stat	te wetland
FLOOD ZONE? Yes No If yes, indicate what zo	one	
DESCRIPTION OF PROPOSED PROJECT:		
		-
WHERE SHOULD THE PERMIT BE	E MAILED?OwnerContractor	•
I agree to comply with the Town of Hampton's Building at the New Hampshire State Building Code, and related Codes as adopt	and Zoning Ordinance and all work will be constructed in a ted, and in accordance with the plans submitted.	ccordance with
I, the Applicant, do also hereby certify that the aborights of way, or easements applicable to the prope successors and assigns, do hereby agree to indemnisuch restrictions, rights of way, or easements are vi	erty and that I, the Applicant, for myself and my ify and hold the Town of Hampton harmless in	heirs,
Processing Fee of \$50.00 plus \$5.00 for every thousand	(or portion thereof) to be submitted with application.	
Value of	construction	
I hereby certify, under penalty of perjury, that all st of construction, alteration or remodeling (including labor an	tatements given hereon are truthful and accurate, an  nd materials) is: \$	d that the cost
SIGNATURE OF APPLICANT	DATE//	
	FMENTAL USE ONLY	
FEE \$         Cash         Check #           Zoning Board Approval Required:         Yes         N	No □ Received □	
Zoning Double Approval required.	Keceived [	(Signed)

Planning Board Approval Required:	Yes 🗌	No 🗌	Received	
(Signed) Fire Department Approval Required:	Yes 🗆	No 🗌	Received	
(Signed) Conservation Board Approval Required:	Yes 🗆	No 🗌	Received	
(Signed) Deed Restrictions:	Yes 🗌	No 🗆	Received	
APPLICATION APPROVED (Building O	fficial)		DATE/	(Signed)

#### **Town of Hampton**

# ITEMS REQUIRED FOR SUBMISSION WITH APPLICATION FOR NEW HOME PERMIT

- 1. All required information as listed on the Cover Sheet must be provided in order to process this Application.
- 2. Permit Application must be filled out in entirety.
- 3. Drawing of proposed construction (must be to scale) and include:
  - a. Foundation plan
  - b. First and second floor plan with window locations and size
  - c. Four elevations (north, south, east, west)
  - d. Structural drawings

### REQUIRED INSPECTIONS

# TO BE SCHEDULED A MINIMUM OF 24 HOURS PRIOR TO REQUESTED DATE AND TIME.

- 1. SOILS/FOOTINGS After excavation but before any foundation wall forms are placed.
- 2. FOUNDATION and COATING before backfill.
- 3. FIREPLACE when fire box and smoke chamber is completed and after first flue is placed.
- 4. LEACH FIELD stripped, including extensions, before fill is placed.
- 5. FRAME all structural components and partitions are in place. \*Structure should be swept clean.
- 6. ELECTRICAL when all electric wiring is roughed in.
- 7. PLUMBING when all of the plumbing is roughed in and in test mode. \*Either pneumatic or hydraulic.
- 8. GAS PIPING when complete and pressurized.
- NOTE: FRAME, ELECTRICAL, PLUMBING AND GAS INSPECTIONS MAY BE DONE TOGETHER. IF INDIVIDUAL INSPECTIONS ARE PERFORMED, FRAMING SHALL BE THE LAST OF THESE FOUR.
- 9. FIRESAFE all plate penetrations from electric, plumbing, gas, etc. filled or sealed with a fire rated material.
- 10. INSULATION Structure to comply with all State of New Hampshire Energy Code Regulations.
- NOTE: FIRESAFE AND INSULATION INSPECTIONS SHOULD BE DONE TOGETHER.
- 11. **FINAL** BEFORE OCCUPANCY All interior finish complete. All appliances and fixtures in place. All hand rails and guard rails permanently in place. All other trades, i.e. plumbing, electrical, etc. complete and signed off.

NOTE: A \$25 RE-INSPECTION FEE WILL BE REQUIRED AFTER TWO FAILURES ON ANY REQUIRED INSPECTIONS.

The Building Inspectors' office hours are 8:00 a.m. to 5:00 p.m. Monday through Friday.

PHONE 603-929-5826 for appointments.

APPLICANT		
TEL		
PROPERTY LOCATION		-
CONTRACTOR:		
BY OWNER	BY GENERAL CONTRACTOR	
GENERAL CONTRACTOR:_		
ADDRESS:		-
TEL	-	
SUBCONTRACTORS:		
FOUNDATION:		_
ADDRESS:		
TEL		
WELL DRILLER (if required)	:	
LICENSE		
ADDRESS:		-
TEL		
FRAMING:		_
ADDRESS:		-
TEL		
ELECTRIC:		-
LICENSE		
ADDRESS:		-
TEL		
PLUMBING:		-
LICENSE		
ADDRESS:		-
TEL		

MASONRY: _						
ADDRESS:						
TEL						
1111		<del></del>				
INSULATION	·					
ADDRESS:						
TEL						
LEACH FIELI						
LICENSE						
ADDRESS:						
TEL						
SPECIFICA	ATIONS C	F BUILD	ING MAT	TERIAL FOR	PERMIT	
FOOTINGS:						
roomvas.			Size	Size	Reinforcing	Reinforci
	Concrete	Other	Width	Depth	Size Rod	Size Wire
Foundation						
Knee Wall						
Frost Wall						
Lally Columns						
Chimney 1						
Chimney 2						
Fireplace 1						
Fireplace 2						
FOUNDATION	WALLS:					
	Concrete	Other	Thicknes	s Height	Size Rod	Size Wire
Foundation						
Knee Wall						
Frost Wall						
Garage Wall						
Other						
FLOORS:						
	Concrete	Other	Thicknes	s Height	Size Rod	Size Wire
Cellar						
Garage						
Porch						
Other						
CHIMNEYS:						
	Brick	Cement E	Block	Name of Factory	Built	Flue Size
Chimney 1						

Chimney 2		
Fireplace 1		
Fireplace 2		

# FIREPLACES:

	Brick	Cement Block	Name of Factory Built	Flue Size
Fireplace 1				
Fireplace 2				

### WALL TIES:

	Number	Size	Distance Apart
Anchor Bolts			
Cellar Windows			
Crawl Area Vents			
Lally Columns			

REMARKS:		

	Kind	Grade	Size	On Center	Supplier/Manufacturer
Main Girder					
1st Floor Joist					
2 <sup>nd</sup> Floor Joist					
Overlays					
Exterior Studs					
Interior Studs					
Rafters					
Trussed Rafters					

### COVERING MATERIAL:

(Sheathing)	Kind	Grade	Thickness
1st Floor			
2 <sup>nd</sup> Floor			
Exterior Walls			
Roof			

#### FINISHING MATERIAL:

	Kind			
Exterior Walls				
Interior Walls				
Interior Floors				
Bathroom Floors				
Kitchen Floors				
Roof				

## VENTILATION:

	Size
Louvers	
Soffit	
Ridge	

# INSULATION:

	Kind	Thickness
Exterior Walls		
Interior Walls		
Ceiling		
Cellar Ceiling		

REMARKS:							
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